	·	<u></u>	:31 A		MFF	~~.					10.	1010	2
	PATENT	APPLICATIO Effec)N FEE D live Octol			ON REC	RD				909 -	mber 5341	
•	CLAIMS AS FILED - PART I							SMALL ENTITY OTHER THAN					
π	TAL CLAIMS	(Column 1) (Column 2)						TYPE (OR T		ENTITY	
FC)A		NUMBER	SI EN	NUM	SER EXTRA	H	RATE BASIC FE	FEE 370.00	1.	RATE	FEE 740.00	
_	TAL CHARGE	ARIF CLAUMS		-		O			370.00	OA		/40.00	
_	DEPENDENT C		1 minus 20=		. 0		ŀ ⊦	X\$ 9=	-	OR	X\$18=		
		NDENT CLAIM P	<u> </u>	inus 3 =				X42=	<u> </u>	OR	X84=		
_								+140=		OR	+280=	280	
• lf	the difference	in column 1 is	less than z	ero, ente	ni "O" in	column 2	•	TOTAL		OR	TOTAL	1020	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	ESY BER DUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	.020	Minus	~ 02	0	= /	11	X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	 (3	=/	U	X42=	 	OR	V04	1	
۹_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l		1.	1			
	1						l	+140=. TOTAL	<u> </u>	OR	L.,	$-\Delta$	
	· pai	(Column 1)		(Caba	· 	(Cotume 2)		DOIT, FEE		Іон	ADDIT. FEE	$\leftarrow \mathcal{H}$	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colui HIĞH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· A	Minus	** 6	N	- /	П	X\$ 9=		OR	X\$18=	18.0	1
2	Independent	• 3	Minus		3	•	 	X42=		OR	X84=		1
_	FIRST PRESE	NTATION OF M	JUTIPLE DE	PENDENT	CLAIM	L	4	+140=		OR	+280=		
4	21.15							TOTAL DOIT, FEE		OR	YOTAL ADDIT, FEE		
SE	1110	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIC PAID	EST BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.19	Minus ,		1	-	1	X\$ 9=	1	OR	X\$18≠1	<u> </u>	
AMENDMENT	Independent	. 2	Minus	*** 2	<u>-</u>	2	1	X42=			X84=		
⋖	FIRST PRESE	NTATION OF M	ATIPLE DE	PENDENT	CLAIM		!			OR			
• •	i the cety in orde	mn i is less than t	a anthr in col	ma 2 wile	TIT in on	lumo 3.	L	+140=		OA	+280=		
	F the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pa	id For IN TH	IS SPACE I	less tha	n 20, enter 720	· A	TOTAL DOIT. FEE	1	OR	TOTAL ADDIT. FEE		

DED! WAVIDARE

FORM PTO-675 (Rex 6/01)